

ENROLLMENT FORM CHILD AND ADULT CARE FOOD PROGRAM

Name of Participant(s)	Date of Birth

Dear Parents,

This child care center participates in the Child and Adult Care Food Program (CACFP). This program assists the center in providing nutritious meals to your child. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

In an effort to improve our program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care center. If you have any questions regarding the completion of this form, please contact _____ (sponsor name) at _____ (phone number). **Please fill in ALL of the following information:**

Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:

Is the participant in full time attendance? _____ Yes _____ No

What are the days the participant is normally in care?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday

What are the hours the participant regularly spends at the center? ____ am/pm to ____ am/pm
(example—7:30 am. to 4:00 pm.)

What meals is the participant served while at the center?

____ Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Supper ____ Late Night Snack

Do you supply any food to the center for the participant's meals due to medical or religious reasons? If Yes, please list foods supplied. _____

***The CACFP enrollment form is based on the federal fiscal year that begins October 1. The date of enrollment should be 10/1/08 if the participant attends before or by October 1, 2008. After October 1, 2008, list the participant's actual first date of attendance.**

Parent/Guardian and/or Client Signature

Date

Determining Official Signature

Date

Participant's Date of Enrollment

If you have any questions about the CACFP and its administration, you may contact Paul McElwain, Division Director, or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

Note: All other CACFP Enrollment Forms are Obsolete